

Eye care for First Nations People in QLD

Overview – updated December 2023

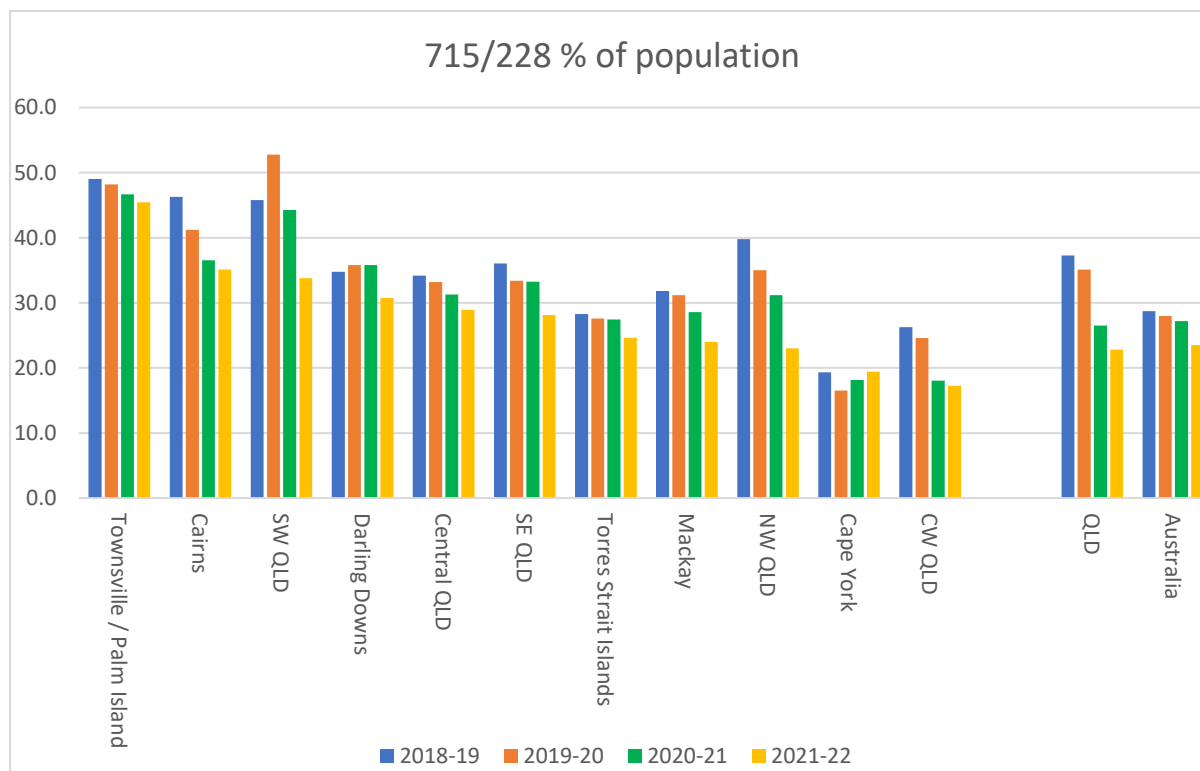
This report packages current publicly available data on key eye health and eye care access measures for First Nations People in Queensland. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision loss and blindness for First Nations Australians.

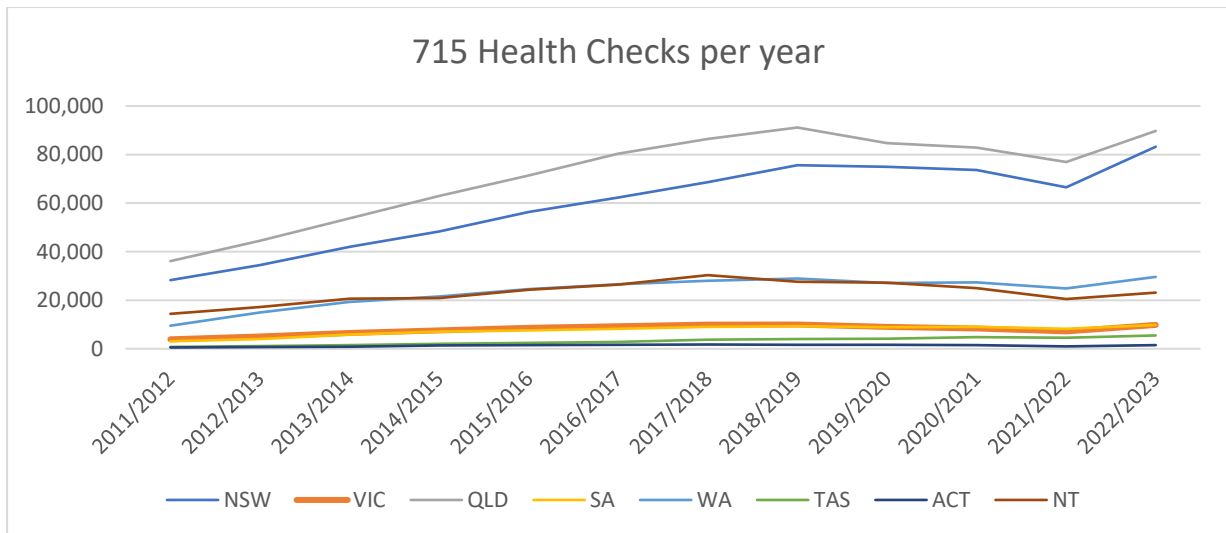
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

Key updates from previous snapshot:

- **715 rates** saw a decrease across all jurisdictions in 2021-22, which was felt across most regions in QLD. Rates have increased in 2022-23 however.
- **12325 rates** continue to decrease, meaning that early detection of DR in primary care may need further sector support.
- **Eye exam** rates, as well as VOS occasions of service, remain on similar levels, which are well short of equity.
- **Glasses provision** remains higher than other jurisdictions, but is stagnant, similarly to eye exams.
- **Cataract surgery** rates increased slightly in QLD in 2019-2021 compared with 2018-2020, similar to national trend.
- Terminology updated in line with the Australian Institute of Health and Welfare (AIHW) to First Nations, representing Aboriginal and/ or Torres Strait Islander Australians.

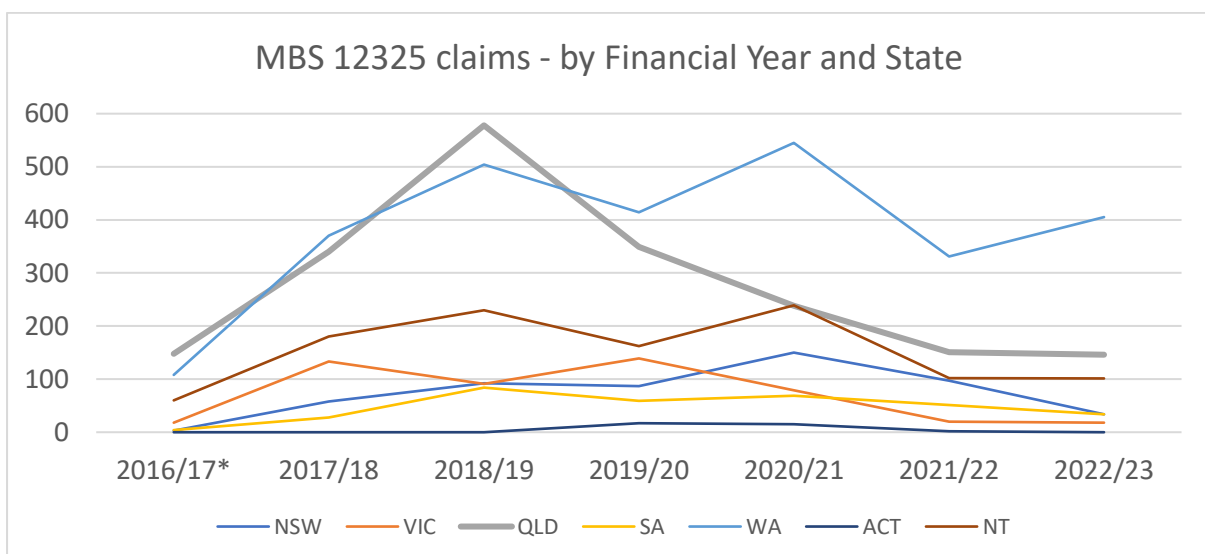
715 health checks





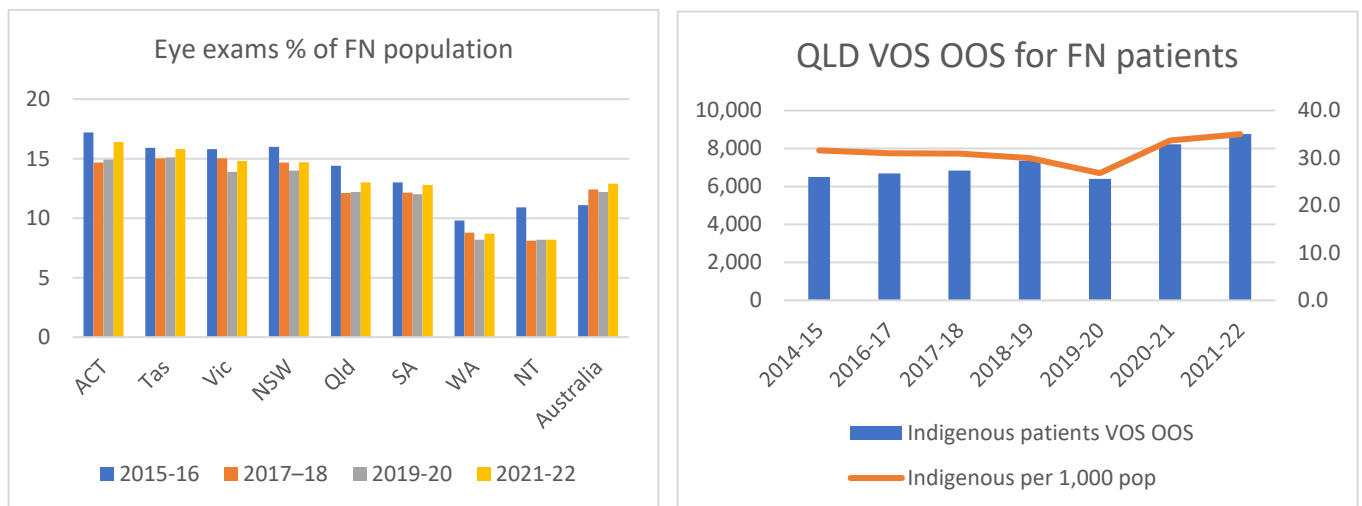
- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- In 2021-22, 715 rates decreased across all regions in QLD (similar to national trend) except Cape York, which saw a modest rise.
- Among the regions, Townsville/ Palm Island recorded the highest rate in 2021-22, 45.4% of population. Lowest rates were recorded in Central West QLD (17.2%) and Cape York, despite its modest rise against the trend (19.4%).
- 2022-23 rates have trended upwards across all jurisdictions, with early data showing an increase of 16.6% in QLD and 20.2% nationally.
- IEHU has health promotion materials available to encourage eye checks, titled Eye Care Now, Eye Care Always, as well as clinic screening support resources.
- **Key message:** 715 rates are still changing significantly year to year. Despite what seems like a positive uptick in 2022/23, rates still haven't reached pre-pandemic levels. We need to keep supporting ACCHOs to be able to implement the eye component of the 715 health checks.

Eye screening for patients with diabetes

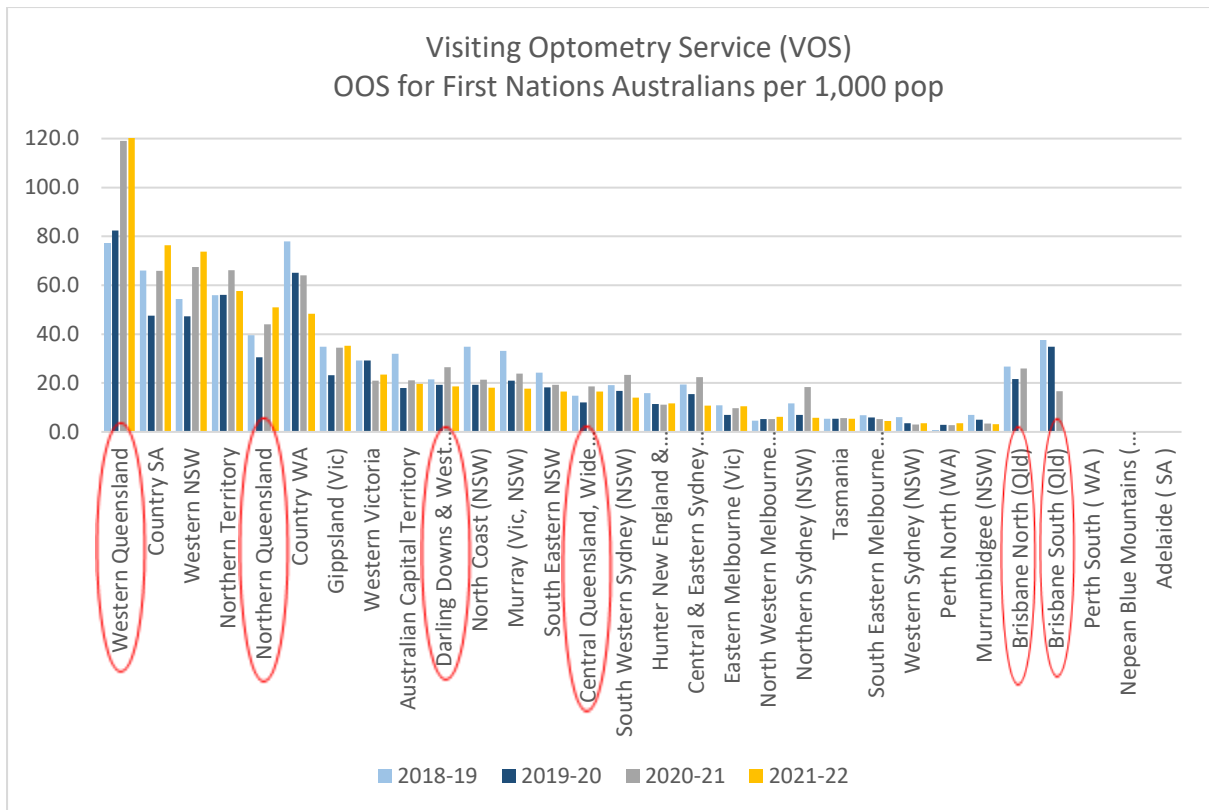


- Annual screening for diabetic retinopathy (DR) is recommended for First Nations patients with diabetes.
- Most ACCHOs are equipped with retinal cameras, and an MBS item is available for DR screening in primary care (MBS 12325 for First Nations patients / 12326 for non-First Nations patients). The item requires signoff but the screening can be performed by AHW/P.
- QLD has recorded 146 MBS 12325 claims in 2022-23, down from 151 the previous year. The peak was 578 in 2018/19.
- This is not a direct indication of screening rates as we anecdotally know that too often retinal screenings are conducted without generating income to the ACCHO for various reasons.
- AIHW reports that in 2021/22, 4,022 First Nations patients in SA who had a diabetes monitoring check also had an eye exam during the same year (up from 3,557 in 2019-20). This represents 49.7% of patients who had diabetes checks (up from 45.9% in 2019-20).
- IEHU has resources available to support screening, including clinical support cards, and health promotion to encourage annual screening for patients with diabetes (“Check Today, See Tomorrow”)
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the health promotion messages to encourage annual screening.
- A key sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

Eye examinations

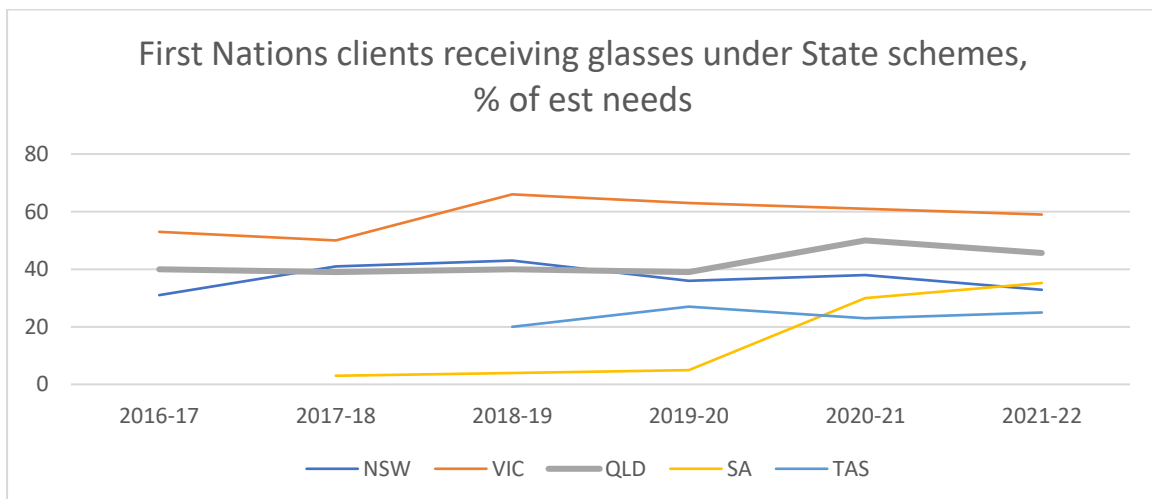


- QLD recorded 32,563 eye examinations for First Nations People in 2021/22, about 13% of population, similar to the national rate (12.9%).
- AIHW calculates the national, age-standardised rate to be 17.7%, still far short of the national non-First Nations eye examinations rate (25.2%).



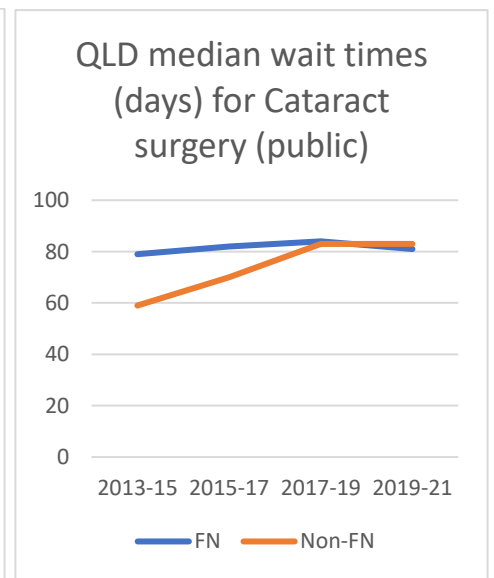
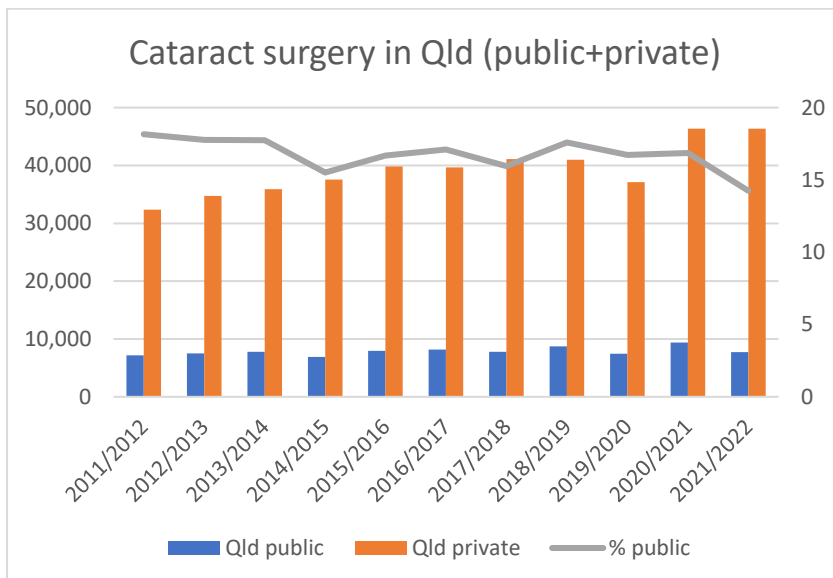
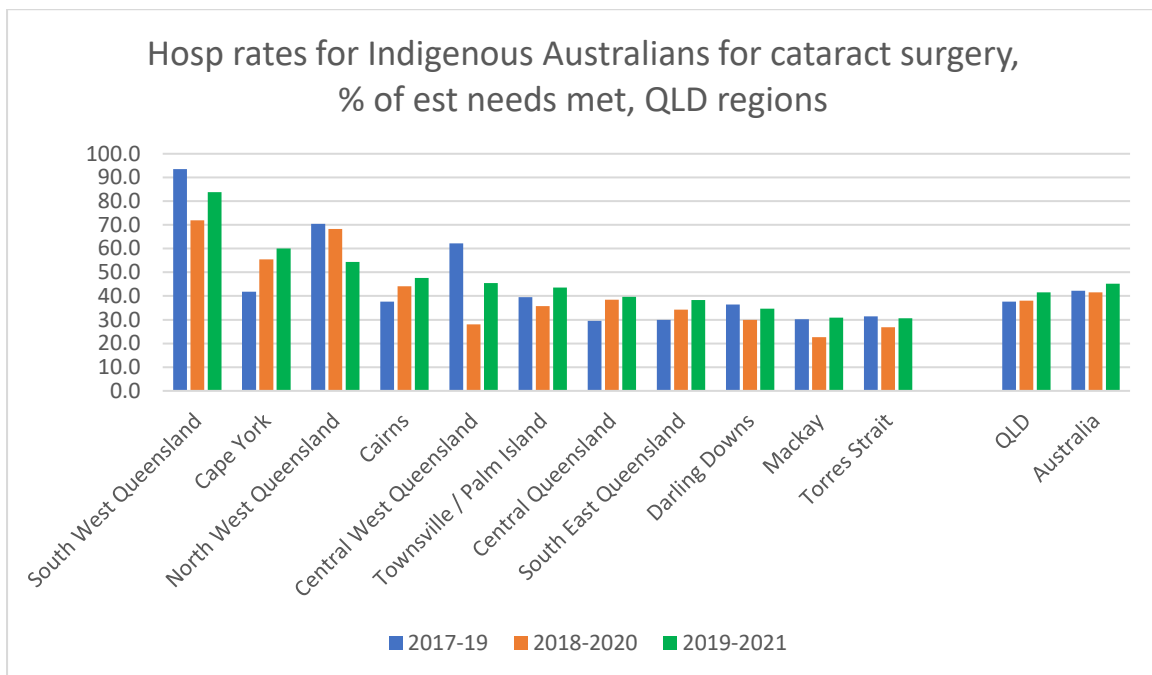
- Visiting Optometry Service (VOS) rates for First Nations People in QLD slightly increased in 2021-22 to 35 Occasions of Service (OOS) per 1,000 First Nations population (up from 33.7).
- VOS OOS in Western QLD PHN were over 240 OOS per 1,000 people in 2021-22, the highest in Australia. Brisbane Metro PHNs recorded the lowest VOS OOS rates.
- **Key message:** eye examination rates for First Nations People is stagnating, and not meeting population needs. VOS is a key mechanism to support improved access rates to eye exams, but on its own can't close the access gap. We should work with the outreach fundholder to improve VOS rates across the different regions, and work with optometry organisations to encourage improving local access in their area.

Refractive error/ glasses



- Refractive error is the highest cause of treatable vision loss in the community, and can be treated with the provision of glasses following an eye exam.
- QLD recorded 7,299 glasses provided to First Nations patients in 2021-22, representing 45.7% of estimated needs met (estimated needs calculated for over-40 years old only, so real need will be greater). This is slightly lower than the previous year (50%)
- Improving the rate of eye exams for First Nations patients is key to improved uptake of glasses, and consequently a reduction of the burden of refractive error on the community.
- **Key message:** The sector should continue supporting both a needed increase in eye exams and the needed ongoing growth of the existing glasses scheme to ensure population level needs are met.

Cataract surgery



- For the period of 2019-21, est rates of needs met for cataract surgeries for First Nations patients increased overall in QLD, similar to the national trend. The trend however varied across regions.
- South West QLD recorded the highest est needs met rate among QLD regions (83.8%).
- QLD has consistently recorded a lower rate of cataract surgery performed in public compared to any other State in Australia. In 2021/22, only 14% of cataract surgeries performed in QLD were performed through the public system. This is a key contributor to access inequity in QLD.
- Median wait times for cataract in public hospitals is now estimated to be similar between First Nations and other patients.
- At the same time, a reduction in the rate of cataract surgeries performed in public is likely to impact First Nations patients disproportionately. First Nations patients across Australia rely on the public system for cataract at more than twice higher rate (65%), emphasising the access difficulty to private ophthalmology and the need to maintain appropriate and equitable access through the public system.
- Outreach ophthalmology is funded through the Medical Outreach – Indigenous Chronic Disease (MOICDP) and Eye and Ear Surgical Support (EESSP) Programs. Some limited funding is still available through the Rural Health Outreach Fund (RHOF).
- QLD recorded 911 MOICDP Occasions of Service for First Nations patients in 2021/22) – notably down from 1,571 the previous year. This represents a rate of 36.4 per 10,000 population (for comparison – highest rate: WA – 315 per 10,000 population).
- In addition to MOICDP, QLD recorded 111 RHOF OOS (highest: NSW, 684) and 135 EESS OOS (highest: WA, 246).
- **Key message:** current cataract surgery access rates for First Nations People in QLD vary significantly across regions. The shift of practice away from public to private is a significant challenge to address current gap.
- Combined sector advocacy is required for more equitable and timely access to cataract surgery for First Nations People in QLD.

Diabetic retinopathy treatment

- There are two main modules of DR treatment: Laser photocoagulation (laser) and intravitreal injections (IVI). Laser commonly includes consultation, examination, two treatment sessions, and follow up. IVI treatment includes injections at regular intervals, commonly 6 weeks. Treatment period is reviewed after a year and based on progress, but many patients require ongoing treatment for years.
- AIHW estimates 111 First Nations patients accessed DR treatment via private providers in QLD in 2021-22. Public hospital data is not available. This is likely to be significantly lower than population-based need (estimated 2,820 for 2022).
- Cost of IVI treatment: OOP for patient varies as some elements are not able to be bulk-billed, and we estimate common cost should be max to \$723 per eye, per year.
- However, according to DoH Medical Costs Finder, median cost in Australia is \$219 per treatment, which translates to about \$1,750 per eye per year.
- QLD median OOP cost is \$290 per treatment, higher than national rate. This can add up to \$2,320 per year per eye on a 6-week treatment course, a significant barrier for many.

- IEHU developed an information sheet that details the current cost elements of diabetic retinopathy treatment in private settings. However, to end avoidable vision loss from DR, access to treatment should be free.
- **Key message:** current access for DR treatment for First Nations patients is likely lower than population-based need. We need stronger commitment for no-cost access in private, and ensure access to treatment via public hospitals remain viable and appropriate.

Workforce

- Optometry: QLD had estimated 20.6 FTE per 100,000 population in 2021, over the national rate (19.4) and more than any other State.
- However there is a significant gap across regions. Brisbane North recorded 27.2 optometry FTE per 100,000 population, highest than any other PHN in QLD (2nd highest nationally). Western QLD in contrast had the lowest rate in Australia, with a rate too low to be published
- Ophthalmology: QLD recorded 3.6 ophthalmologist FTE per 100,000 population in 2021, slightly lower than the national rate (3.9).
- Ophthalmology workforce sees similar trends across the regions, with equity gap even more pronounced. Brisbane North recorded 6.5 ophthalmology FTE per 100,000 population in this period, highest in QLD. Western QLD PHN on the other hand is the only PHN in Australia that didn't record a single ophthalmologist in its workforce in 2021. Darling Downs and West Moreton PHN recorded 1.8 FTE per 100,000 population.
- **Key message:** Ensuring appropriate workforce is key in delivering better health outcomes. Equity in access requires appropriate workforce levels across the different regions.

Data sources

1. Australian Institute of Health and Welfare. 2023. Eye Health Measures for Aboriginal and Torres Strait Islander People 2022-2023. Latest report available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-eye-health-measures-2023>
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4. Indigenous Eye Health Unit, The University of Melbourne. Calculator for the delivery and coordination of eye care services. Available from: <https://dr-grading.iehu.unimelb.edu.au/ecwc/>
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